PATENT APPLICATION FEE DETERMINATION RECOI									Application or Docket Number 10 10/7/6243				
Effective October 1, 2003 $ = 57 - 27 - 27 - 27 - 27 - 27 - 27 - 27 -$													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL I	ENTITY	OR	OTHER SMALL		
TOTAL CLAIMS			16				• [RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			/ 6 minus 20=		· 10			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =		0			X43=		OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=	1	OR	+290=		
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			Ĺ	TOTAL		OR	TOTAL	720		
CLAIMS AS AMENDED - PART II											OTHER	THAN	
		(Column 1)	(Column 2)			(Column 3)	_	SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A	avalos	CLAIMS REMAINING AFTER AMENDMENT		NUME PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	** U		=		X\$ 9=		OR	X\$18=	1	
	Independent	. 3	Minus		3	= /		X43=		OR	X86=		
	FIRST PRESE	ST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+145=		OR	+290=		
·							Ł	TOTAL			TOTAL ADDIT, FEE	/	
(Column 1) (Column 2) (Column 3)								DUIT. PE			ADDII. I CEI		
ENT B		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	•	Minus	#4		=		X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		
•				•			A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
(Column 1) (Column 2) (Column 3)								•					
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT	·	HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₩ Q	Total	*	Minus	**		= ,		X\$ 9=		OR	X\$18=		
ME	Independent	•	Minus	***		=		X43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR			
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE		
		nber Previously Pai					r toun	d in the a	ppropriate box	c in cot	umn 1.		

FORM PTO-675 (Rev. 10/03)

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